

PCA – Process Psychiatric Medical Institutions for Children (PMIC) Cost Report Via Desk Review

Purpose: Review the cost report using desk review procedures to determine if reported costs are allowable and reasonable for Psychiatric Medical Institutions for Children. Form 470-0664, Financial and Statistical Report is due 90 days after the provider's fiscal year end.

Identification of Roles:

1. Accounting Assistant – reviews the cost report to determine if all the necessary information was completed and received. Imports/data enters cost report. Also reviews the reported items to make sure it foots and ties out to supporting documentation.
2. Staff Accountant – performs desk review procedures to determine reasonable and allowable costs.
3. Senior Accountant – may perform desk review procedures and perform reviews.
4. Supervisor – perform review of desk review procedures and adjustments.
5. Manager – may perform review of desk review procedures and adjustments.

Performance Standards:

Settle cost reports within twelve months after receipt of the financial and statistical report.

Path of Business Procedure:

- Step 1: Mail cost report due letter to providers.
- Step 2: PMIC provider submits the cost report. Mailroom receives Cost Report and scans into On-Base. If electronic version, then the disk is sent to Provider Cost Audit (PCA).
- Step 3: Postmark date of Cost Report is scanned into On-Base.
- Step 4: Receive notification from On-Base that cost report is ready for processing.
- Step 5: Receive hard copy or electronic version of cost report from mailroom.
- Step 6: Perform preliminary review.
- Step 7: Log receipt of Cost Report in status log in Access and Iowa Medicaid Cost and Rate System (IMCARS).
- Step 8: Send "Cost Report Acknowledgment" letter to agency. Letter is located on the Provider Cost Audit share drive.
- Step 9: Cost Report information is data entered into Excel.

- Step 10: Review Cost Report for mathematical accuracy and completeness.
- Step 11: Log support staff review complete date in status log in Access and IMCARS.
- Step 12: Review permanent file and prior year findings by the accountant.
- Step 13: Perform risk assessment using analytical procedures.
- Step 14: Perform desk review.
- Step 15: Make necessary adjustments to reported data
- Step 16: Prepare adjustment workpaper and determine allowable costs.
- Step 17: Log desk review complete date in status log in Access and IMCARS.
- Step 18: Perform review of procedures and adjustments.
- Step 19: Send notice of adjustments to provider, if necessary, via mail.
- Step 20: Review provider comments, if necessary.
- Step 21: Send rate notification letter to provider via mail.
- Step 22: Log date of rate notification in status log in Access and IMCARS.
- Step 23: Enter finalized rates into the Medicaid Management Information System (MMIS).
- Step 24: Review accuracy of entered rate and log verification date in the system.
- Step 25: Complete mass adjustment request form for retro rate adjustment and send to CORE.
- Step 26: Review and release mass adjustment in OnBase.
- Step 27: Log mass adjustment release date in status log in Access and IMCARS.
- Step 28: Give Quarterly Agreed Upon Procedure Report to the Department of human Services (DHS) via hard copy.
- Step 29: Log date report sent in status log in Access and IMCARS.

Forms/Reports:

1. Form 470-0664, Financial and Statistical Report.
2. Provider workpapers.
3. Desk Review program and workpapers.
4. Mass Adjustment Request Form.

RFP References:

6.7.1.2

Interfaces:

IME Core unit
Medicaid Management Information System (MMIS)
Iowa Medicaid Cost and Reporting System (IMCARS)

Attachments:

Form 470-0664 –
<http://www.ime.state.ia.us/docs/470-0030.xls>

